

Office of the Controller

Division of Local Government Services

Certification for Refund of Employee FICA Tax

I, the undersigned, certify that I have not and will not claim refund or credit from the IRS of the amount of employee social security and/or medicare tax over-collected from me for the year of 20__ under EIN 61-0600439.

Name: _____

Signature: _____

Social Security Number: _____

Date: _____

Agency Name: _____

Agency Company Number: _____